Merle Lok Name (print) Family Ct, Dept L Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK FERE
		8	
		/~	
	10-10-10-10-10-10-10-10-10-10-10-10-10-1		
		7 - 99-164-15500-2-1	
			WY COMP. LOCAL

This page may be copied or duplicated if additional space is needed.

PAGE 2 OF 1

#7

Merle Lok Name (print) Family Ct, Dept L Office (if applicable)

District (if applicable)

Contributions of \$100 or Less

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	DA OF CONTR
1/3/03	# 100	
1/3/63	#100	
()		
		ļ ļ
<u> </u>		
· · · · · · · · · · · · · · · · · · ·		
	-	
	48	·
		<u> </u>

DATE	AMOUNT
OF EACH CONTRIBUTION	OF EACH CONTRIBUTION**
·	
	· .
	*
· · ·	

This page may be copied or duplicated if additional space is needed.

PAGE____OF

Merle lok

Family Ct, Dept L Office (if applicable)

District (if applicable)

Expense Categories

GAUEGORIES (1998)	CODE.
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	ı
Other miscellaneous expenses	J

PAGE 4 OF

^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

#3

Name (print)

Family Ct Dept. (Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 2914 365		AMOUNT OF EAGHEXPENSES
Law Offices of Merle Lok, Utd. 1818 E. Desert Inn Rd Las Vegas, NV 89109	Compaign reimbursement	1/3/03	# 200,00

This page may be copied or duplicated if additional space is needed.

Rev: MAR-02 PAGE OF _____

#3

Name (print)

Family Ct, Dept. L

Office (if applicable)

District (if applicable)

IN KIND

Expenses of \$100 or Less

(D)A\Q\Z\Z\Z\Z\Z\Z\Z\Z\Z\Z\Z\Z\Z\Z\Z\Z\Z\Z\	######################################	(19
-	ay be copied or duplicated if additional spa	

This page may be copied or duplicated if additional space is needed.

Prescribed by Secretary of State NRS 294A.120, 294A.140, 294A.150 294A.200, 294A.210, 294A.220, 294A.362

Revised: Apr-02

PAGE // OF //